

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency U.S. Department of Education, OSERSTitle I State Plan for Vocational Rehabilitation Services and Title VI-Part B Supplement for Supported Employment Services		OMB Control Number - 1820-0500
Enter only items that change <div style="display: flex; justify-content: space-around; font-weight: bold;"> Current Record New Record </div>		
Agency form number(s)	NA	NA
Annual reporting and record keeping hour burden		
Number of respondents	12,000 80	12,000 80
Total annual responses	12,000 80	12,000 80
Percent of these responses collected electronically	100-95%	100-95%
Total annual hours	1,002,000	1,002,000
Difference	0	
	NA	
Adjustment	NA	
Annual reporting and record keeping cost burden (in thousands of dollars)		
Total annualized capital/startup costs	0 NA	0 NA
Total annual costs (O&M)	0 NA	0 NA
Total annualized cost requested	0 NA	0 NA
Difference	0 NA	
Explanation of difference	0 NA	
Program Change		
Adjustment	0 NA	
<p>Other change** The current state plan (form 1820-0500) form has already been approved to allow the form to be submitted electronically each year by all state agencies. Attached is the approved form used to submit the state plan and the suggested modifications (which have been highlighted in screen 2 of 18).</p> <p>The recent form has been modified to include a note prior to the signature line that all agencies will maintain the required Certification for Lobbying for both the VR and Supported Employment programs and notes that agencies must retain a copy of a signed copy of this electronic form on copy at the agency.</p>		
Signature of Senior Officer or designee: 	Date: <div style="font-size: 1.5em; font-family: cursive;">5-26-09</div>	For OIRA Use <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>

****This form cannot be used to extend an expiration date**
OMB 83-C